



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E422450**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	15-01097
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

TRIBAL RESERVATION	
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M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION	04	-	29	-	2015			1542	31		
										N	E
										S	W
										IN	OF
											0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
20 ST SE	BLOCK NO. <input checked="" type="checkbox"/>	8000
	MILE POST <input type="checkbox"/>	

DISTANCE		MILES	N	E	OF (REFERENCE OR CROSS STREET)
		FEET	S	W	

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4252936869
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LAST NAME	PITZER	FIRST NAME	DAKOTA	MIDDLE INITIAL	R
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STREET NEW ADDRESS	8514 3RD ST SE
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CITY	LAKE STEVENS	ST	WA	ZIP	982583364
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	PITZEDR052PS	STATE	WA	SEX	F	D.O.B. MMDDYYYY	10	-	10	-	1995
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	9	RESTR.	9	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	APR5458	STATE	WA	VIN#	3FAPF37N15R150382
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2005	MAKE	FORD	MODEL	FOC5D	STYLE	5D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. DAKOTA PITZER 23203 S KINGSTON RD NE KINGSTON WA 98346

LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	CITATION #	CHARGE
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4255080106
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LAST NAME	BRUNS	FIRST NAME	ANDREA	MIDDLE INITIAL	L
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STREET NEW ADDRESS	2916 103RD AVE SE
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CITY	LAKE STEVENS	ST	WA	ZIP	982585150
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CDL	RESTRICTIONS	B	ENDORSEMENTS
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DRIVER'S LICENSE #	BRUNSA277KH	STATE	WA	SEX	F	D.O.B. MMDDYYYY	05	-	08	-	1973
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	9	RESTR.	9	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	ASJ0001	STATE	WA	VIN#	5J8TB4H33EL009747
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2014	MAKE	ACUR	MODEL	RDX	STYLE	UT	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. ANDREA BRUNS 2916 103RD AVE SE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY # FARMERS 187871398	CITATION #	CHARGE
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VEHICLE LEGALLY STANDING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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OFFICER'S NAME (PRINT)	N. ADAMS #127	BADGE OR ID #	127	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E422450**

CASE # **15-01097**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES

NARRATIVE

On 04/29/15 at about 1542 hours, (all times approximate) I was dispatched to a collision at 20th St SE and Cavalero Rd in the city of Lake Stevens, no injuries, non-blocking. When I arrived on scene the vehicles were on the shoulder of the roadway.

Vehicle 2 (LIC: ASJ0001) was stopped for traffic in the eastbound lane of 20th St SE when Vehicle 1 (LIC: APR5458), headed eastbound behind Vehicle 2, applied its brakes too late and rear-ended Vehicle 2.

Vehicle 1 said she did not have insurance.

I took digital photographs of damaged vehicles, which were later printed and added to the case report and copied to a compact disk and booked into evidence as item #NA1.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

N. ADAMS #127

04-29-15 05:47 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

ROBERT MINER 095

5/7/2015 12:01:41 PM

BADGE OR ID #	127	ORI #	WA0311900	TIME POLICE DISPATCHED	3:43 PM	TIME POLICE ARRIVED	3:46 PM
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NOT TO SCALE

20th ST SE





LSPD
ORIGINAL

LAKE STEVENS POLICE EVIDENCE UNIT			Primary Officer/Badge Number <i>Adams #127</i>			Case Number <i>15-01097</i>		
Type of Crime: <u>Felony / Misdemeanor</u> (Circle)			Type of Case: <i>Collision</i>			Date/Time: <i>4/29/15 1749</i>		
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING			*Evi will be held until court dispo or when the Statute of Limitations has expired *Found and Sfgk will be held for 60 days or 60 days past owner notification					

Case # 15-01097

Item # <i>U43</i>	Item <i>CD with pics</i>		Brand Name <i>Compulsory</i>		Storage Location LSPD ORIGINAL	Disposition		
	Brand/Model/Caliber (Further Description)							
	Serial #	Where Found	Weight of Narcotic					
Action # <i>3</i>	Owner's Name <i>LSPD</i>					Address City State Zip Phone #		Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions <i>#127</i>								

Item #	Item		Brand Name		Storage Location	Disposition		
	Brand/Model/Caliber (Further Description)							
	Serial #	Where Found	Weight of Narcotic					
Action #	Owner's Name					Address City State Zip Phone #		Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								

Item # <i>87</i>	Item		Brand Name		Storage Location	Disposition		
	Brand/Model/Caliber (Further Description)							
	Serial #	Where Found	Weight of Narcotic					
Action #	Owner's Name					Address City State Zip Phone #		Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								

Item #	Item		Brand Name		Storage Location	Disposition		
	Brand/Model/Caliber (Further Description)							
	Serial #	Where Found	Weight of Narcotic					
Action #	Owner's Name					Address City State Zip Phone #		Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								

Item #	Item		Brand Name		Storage Location	Disposition		
	Brand/Model/Caliber (Further Description)							
	Serial #	Where Found	Weight of Narcotic					
Action #	Owner's Name					Address City State Zip Phone #		Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								

Evidence Control Use Only:			
Received by Evidence:	NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:
			ROUTING: _____
			White: Property Room
			Yellow: Case File

Case Numbers: \$SS15001097

**LSPD
ORIGINAL**

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Src: T

Loc Info:

Addr:

Phone: 4255080106

, CC, HEADED EB ON 20, NON INJ, BLACK ACURA VS YELLOW FORD FOCUS, PARKED ON SIDE OF RD , NON BLOCKING

#SS127 ADAMS, OFFICER (NATHAN)

DISCUSSION

\$SS15001097

MDTWANT,,,,,,,,,WA,PITZEDR052PS,,,,,,,,,,,,,

D/H

D, 11